state Very

PHYSICIANS should of OCCUPATION IS

classified. Exact

AGE

of information DEATH in pial

CAUSE OF Important. S

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RECORD

PERMANENT stated EXACTLY.

1 PLACE OF DEATH

Filed Mar 7th 1913 Hailand

3652

Garrere

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 153

St :----Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

Dar Cand Md.

ADDRESS

FULL NAME ONFANT	ocq gr ow will
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Man White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY GERTIFY. That Lattended deceased from
March 7h, 1912 (Month) (Day) (Year)	17 I HEREBY GERTIFY, That I attended deceased from
7 AGE If LESS that 1 day,hrs ORmin. ?	m that death occurred on the date stated above, at
GOCCUPATION (a) Trade, profession, or particular kind of work. (b) Beneral natore of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. mos. ds Contributory Breech Breaklabori (Secondary Venner, hear, dear when I arrived
10 NAME OF FATHER Repur Luther Briggs 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place In the of death
(Address) Olllance Mist	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Warden Grove Yard March & th 1013

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as material worked on may form part of the second it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid definite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

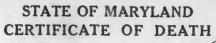
cause. Always qualify all diseases resulting from sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Purremeal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemla," "Weakness," genitai," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent "Senile," etc.), (Recommendations on statement of terminal conditions, such as "As-"Dropsy," "Exhaustion, _ (name origin; "Candeath), 29 ds. Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 5 1913
BUREAU, V.S.

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	should ON is
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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ounty Garren 3653



Registration Dist. No. 173

.St.;.....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number]

	FULL NAME Can Buler	Bleerup of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE MARRIED, WIDOWEO, OROIVORGED (Write the word)	16 DATE OF DEATH March 3/2, 191.9. (Month) (Day) (Year)
6 D	Mey 9/2 19/0 (Month) (Day) (Year)	March 30 1913, to March 3/2 1913, that I last saw here alive on March 3/2 1913
TAC	2 yrs. / U mos. / U ds. It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) par (b) busi whi	CCUPATION Trade, profession, er Ploud General nature of Industry, ness, or establishment in ch employed (or employer)	Centro Spual Mennageris (Duration) yrs. mos. 3 ds.
LS	10 NAME OF FATHER Draw Bleen	(Secondary) (Deration) yrs mos ds. (Signed) Jolin W. Gerden M. D. 3/3/ 1913 (Address) Cleanfield Peruc
PARENT	(State or country) Charfield Cu Py 12 MAIDEN NAME OF MOTHER ROlliasius Schryver	*State the DISEASE CAUSING DEATH, OF, IN deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
14 _T	OF MOTHER (State or country) Clearfield . Penna. HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds. Where was disease contracted, If not at place of death?
	(Interment) Dean Bloom	Former or usual residence
15 File	ed Afr 10th, 1913 Navery & Jones REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Clearfield Par Depuris, 191. 3 20 UNDERTAKER ADDRESS
	f more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) . Spinner, essary to know first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) If the occupation has For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death already state same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcinology

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "H art failure," "Haemorrhage," "Inanition," "Maras gcnital," "Senile," etc.), "Dropsy," "Exhaustion," etc. The contributory (secondary or intercurrent) ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of __ tetanus) may be stated under the head Always qualify all diseases resuiting from (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-E. A.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



S. No. 1. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PH. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of important. See instructions on back of certificate.		CORD	YSICIANS should state
> Z	V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Garren Village or City Oakland

1 PLACE OF DEATH

3654



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 17

...St.;.....Ward)

[it death occurred in a hospital or institution,

	FULL NAME Margusite Griffie	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	enale White Single, MARRIEO, WIDOWED, ORDIVORCEO (Write the word)	18 DATE OF DEATH March MM , 1913 (Month) (Day) (Year)
6 D	ATE OF BIRTH ATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 A		and that death occurred on the date stated above, at
(a) pai (b) bus wh	CCUPATION) Trade, profession, or rticular kind of work General nature of industry, iness, or establishment in ich employed (or employer)	hang a (Duration) yrs. mos. ds. Contributory
(8	10 NAME OF FATHER WWW. Savis	(Signed) / (Burstion) yrs mos ds. (Signed) / (C)
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Dismass Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	13 BIRTHPLACE OF MOTHER (State or country) Many land	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	(Informant) Le Ros a. Deffubough	Where was dispase contracted, if not at piace of death?
1.5 Fil	(Address) Oukerna, min	19 PLACE OF BURIAL OR REMOVAL Tropison, Md Mar. 24, 1913 20 UNDERTAKEN ADDRESS
	Socal REGISTMAN	D.G. Toolsen Dus Que and Med

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

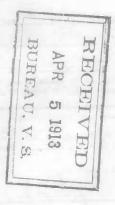
[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulmine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the For persons

Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purreral septiehae. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis ver" is less definite; avoid use of near neoplasms); Measles; Whooping cough; Chronic and neoplasms); Measles; Whooping cough; Chronic and neoplasms); Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock." "Traemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla "Contributory." Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as affection need not be stated unless important. ter" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent Always qualify all diseases resulting from tetanus) may be stated under the head "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; Examples: For vio-

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PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

			OI					d
*			ared		,	40	. 1	
	Re	diel	ared	No	/	/	9	

[if death occurred in a hospital or Institution, give its NAME instead of street and number.]

If LESS than

1 day hrs.

3655

MEDICAL CERTIFICATE	OF DEATH
18 DATE OF DEATH Much (Month)	12, 1913 (Day) (Year)
17 I HEREBY CERTIFY, That	t I attended deceased from
March 18, 1913, to Me	week 22 1013
that I last saw h 12 alive on Ma	10, 1913
	1 10456
ind that death occurred on the date state	
The CAUSE OF DEATH * was as follows:	
Jeeni Brouch	
1	
Buch Di	lece free read
(Duration)	yrs : mos 4 d
Contributory (Secondary)	2
(Signed) (Duration) (Signed) (Signed) (Address) (Address)	Centes , N. 1
*State the DISEASE CAUSING DEATH, of CAUSES, state (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL.	r, In deaths from VIOLENT
18 LENGTH OF RESIDENCE (FOR HOSPIT) OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State Where was disease contracted, If not at place of death?	
Former or usual residence	
lefule Church	Musch 1913
20 UNDERTAKER	ADDRESS

Bolden W. E. Wokland Me

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

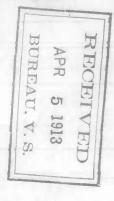
[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Caro duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," -Coal (d)

Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

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3656 CERTIFICATE OF DEATH County ICIANS should Registered No. fit death occurred in .: Ward) a hospilal er institution. RECORD give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 (Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. 8 OCCUPATION AGE (a) Trade, profession, or particular kind of work. (b) General nature of Industry, supplied. business, or establishment in (Duration) / yrs. /2 mas may which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) Contributory. (Secondary) that Œ 10 NAME OF FATHER 0 0 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 0 CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain OF MOTHER Instructions Information 1 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 18 BIRTHPLACE _ OF MOTHER At place DEATH (State or country of death _____ yrs. _ mos. State Where was disease Contracted, If not at place of death 0 Former or OF usual residence mportant. Every Ite DATE OF BURIAL (Address ADDRESS REGISTRAR If more blanks are needed, address State Begis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. 8. Census and American Fublic Health
Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcopers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Ftatement. niaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisrasz Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-irospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lödar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc... Carcin-

scpsis, tctanus) may be stated under the head Accidental drowning; Struck by railway train-ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage. as "Purperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for malleture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. nant neoplasms) : Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 5 1913
BUREAULYSS

BINDING FOR MARGIN RESERVED

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD I. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	Vitt
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1 PLACE OF DEATH	STATE OF MARYLAND
County Yours 3657	CERTIFICATE OF DEATH
Village or City Corceand (No. 2)	Registered No. 73 [It death occurred a hospital or institution give its NAME instered and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
*SEX ** COLOR OR RACE S SINGLE, MARRIED, MODEL MOD	16 DATE OF DEATH (Menth) (Day) (Yesr) 17 (O I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	74, 21, 1913, to 2002 1913 that I last saw has alive on Mov 121, 1913
7 AGE If LESS than 1 day, hrs. or. min.?	and that death occurred on the date stated above, at
particular kind of work. (b) General nature of industry, business, or establishment la which employed (or employer) Performance (State or country) Pusion O C	Contributory (Secondary) (Deration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) M. C. Decelosey M. D. Mari, 1912. (Address) Deces M. M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) Sout Kurw 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted,
(Informant) Mrs. Horsa Grove (Address) Conseceed week	It not at place of death? Former or OSUAL residence. 19 PLACE OF BURIAL OR REMOVAE DATE OF BURIAL
Filed 1813 Hassey Comes	20 UNDERTAKER Doesee Oacever Ind
If more blanks are needed, address State Registrar	c, 6 E. Franklin St., Balta., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcopers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). Scrvant, Cook, Housemaid, etc. If the occupation bas Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) return "Laborer," As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcinosis of lungs, meninges, peritonacum, etc...

mia," "Puerperal peritonitis," etc. such, if impossible to determine definitely. childbirth or miscarriage, as "Purperal schtichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genItal," "Senile," etc.), tbenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma. Sarcoma. etc., of ______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for mailsture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchonncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," State cause for Never report Examples: FOT VIO 10

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BINDING 0 ESERV ARGIN

SICIANS should state occupaTION is very PHYSICIANS RECORD of statement PERMANENT classified. 4 IS UNFADING INK supplied. may certificate. carefully that 80 10 WITH back terms, pinous 00 plain Instructions Information = DEATH WRITE See ٥ Item POF mportant. ы Every m

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STATE OF MARYLAND PLACE OF DEATH County Larres 3658 CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St:....Ward) a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 6 aINGLE, 4 COLOR OR RACE MARRIED, WIDOWED, (Day) ORDIVORCED (Write the word) (Month) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 2 . W 1 day,hrs. OR min. ? BOCCUPATION (a) Frede, profession, or perticular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Jaruelymotow Meleritio Contributory. State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER State or country) was disease contracted. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. A.

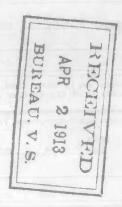
[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be Indl-CAUSING DEATH, state occupation at beginning of IIIbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not pald Housekcepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursults can be known. The question tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEBPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. Exvalvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.; FOT VIO-

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County Tarrey	3659 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City of Love Pace (No. 1)	Registered No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Neals 4 COLOR OF BACE S SINGLE, MARRIED, WIDOWED, Composition (Write the word)	16 DATE OF DEATH Truck 3, 1973 (Month) (Day) (Year)
6 DATE OF BIRTH 18 1913	17 I HEREBY CERTIFY. That I attended deceased from 18 1913, to 2013 that I last saw hore alive on 2014
7 AGE (Month) (Day) (Year) 11 LESS than 1 day,hrs. 0Rmin.?	and that desth occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Mary Lace	(Doration) yrs mos. 5 ds. Contributory (Secondary)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER OT	(Signed) 2 Deration) yrs mos ds. (Signed) 1913 (Address) M. D. *State the Dispuser Causage Property of the Dispuser Causage Property of the Company Causage Property of the
13 RIPTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, If not at place of death? Former or usual residence.
Filed Afr 9 1913 Harland Dones	19 PLACE OF BURIAL OR REMOVAL Would Erley Cerully 20 UNDERTAKER ADDRESS Or each
If more blanks are needed, address State Registrar,	

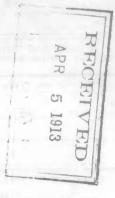
[Approved by U. S. Census and American Public Health
Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of ili-Screant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the dibease caubing death—language affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

"Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "TUERPERAL peritonitis," etc. childhirth or miscarriage, as "Purrerral septichaccause. Aiways qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," oma. Sarcoma. etc., of ______ (name origin; "Can-cer" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) cause of death approved by Committee on Nomencia, scpsis, tctanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion, "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for Never report Examples:

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W. B. No. 1.

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CORD

	1 PLACE OF DEATH	STATE OF MARYLAND
	3660	CERTIFICATE OF DEATH
Co	ounty Samely	Registered No. 173
٧	illage or City & Alfand (No.	St; Ward) [If death occurred in a hospital or institution, give its NAME lostered
	Thomas Scott	of street and comber.]
	FULL NAME JUMAS SUL	
,	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Much 13 1913
200	WIDOWED.	(Month) (Day) (Year)
m	all, Mule (Write the word) engle	17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	Nov , 1912, to March 10 , 1913,
	(Month) (Day) (Year)	that I last saw home allve on March 10, 1913
TAG		and that death occurred on the date stated above, at 7.30 p, m,
· A	1/ // // 1 fay,hrs.	The CAUSE OF DEATH* was as follows:
	yrs. / mos. 2 ds. ormin.?	(as among of Stornock
	CCUPATION Trade, profession, or	
	ticular kind of work dury man	
	General nature of Industry,	(Duration) / vrs. / mas / ds.
whi	iness, or establishment in bealing in hosses	
	RTHPLACE (ate or country)	(Secondary)
(6)	Carle or country) Carland	Conginal yrs mos ds.
	10 NAME OF THE FATHER	(Signed) A W M (comme M. D.
	Thomas Marlen	The land and Milel West
ITS	11 BIRTHPLACE OF FATHER (State or country)	
ARENT		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PAR	of Mother	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
D.	13 BIRTHPLACE	OR RECENT RESIDENTS)
	OF MOTHER (State or country) Are land	At place lo the of death /yrs. mes. ds. State /rs, mes. ds.
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	Thomas Filth	Former or
	(Informant)	usual residence
	(Address). Carlonal /mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	n	Walkland March 16, 1913
Fi	of Mar. 3, or 1913 Stareaud & Janes	20 UNDERTAKER ADDRESS Mal
	Jocal REGISTRAR	1, 2, Bolden Wolland
	If more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, no who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(h) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

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childbirth or miscarriage, as "Purrerral septichaeample: Measles (disease causing death), 29 de.; cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., LENT DEATHY STATE MEANS OF INJURY AND MUSICIPAL ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS PROBABLY which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the cause. Always qualify all dise see resulting from mus," "Old Age," "Shock," "Ural "Heart failure," "Haemorrhage," "In genital," "Senile," etc.), "Dropsy, affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chrowio . cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. "Collapse." "Coma," "Convulsions," "De liity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of .. mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) ... tetanus) may be stated under the head (Recommendations on statement of (name origin; "Candia," "Weakness," ition," "Maras-"Exhaustion," Examples:

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APR 5 1913
BUREAU, V.S.

OR BINDING		
HIS IS A PERMANENT CORD	CORD	6
should be stated EXACTLY. PHYSICIANS should state y classified. Exact statement of OCCUPATION is very	PHYSICIANS should of OCCUPATION IS	state

'PLACE OF DEATH

County Garret

Village or City Accident

3661	-
	(1)
	111

STATE OF MARYLAND CERTIFICATE OF DEATH

		11	11
Registered	No	15	

....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

П	PERSO	NAL AND STATISTIC	CAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH	
BE	x Female	4 COLOR OR RACE White	SSINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the WOR	larried	March 14 , 1913 (Month) (Day) (Year)	
D	ATE OF BIRT	May (Month)	9	, 1840 (Year)	latter part 1908, to March 14 191 3, that I last saw her alive on March 8 191 3	
AG		72 yrs 10	mos. <u>5</u> ds.	It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 6:30 Pm. The CAUSE OF DEATH* was as follows: Chronic Myocarditis, and Arterio-	
(a) par		ork Was an ir	valid	,	sclerosis	
busl	General nature (ness, or establ ch employed (or		0.		Over 4 years (Ouraffen) yrs mes ds. Contributory Chronic parenchymatous	
(State or country) Maryland ONAME OF FATHER Matthias Evenline					(Secondary) nephritis saw her over 4 years (Geration) yrs mos (s.	
					(Signed) 3. A. S. M. O.	
ENIS	OF FAT (State or	ACE HER country) German	ny		*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
PAK	12 MAIDEN OF MOT	THER	etha Tro	ester	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	13 BIRTHPL OF MOTI (State or o	HER	ıy		At place in the of death yrs mos ds. State yrs mos ds.	
		P.Miller	T OF MY KNOW	LEDGE	Where was disease contracted, if not at place of death? Former or usual residence.	
5	(Address).	Accident, N	d.	11/	Orcident Md Date of Burial 1913.	
FII	ed Abarra	4 ,1913 John	1 & Kion	REGISTRAR	Susson Engelhart accident	

[Approved by U. 8. Census and American Public Health Association.]

statement. of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekcepers Acation, as Day laborer, Farm laborer, Laborer-Coal it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can he ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing affection need not be stated unless important. etc. The contributory (secondary or intercurre) Accidental drowning; Struck by railway train-acci-"Collapse." "Coma," "Convulsions," "Dehility" ("Conmere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. Bronchopneumonia (secondary), 10 ds. Never report tetanus) may he stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 1 1918

BUREAU. V. S.

PLACE OF DEATH 3662	STATE OF MARYLAND
County	CERTIFICATE OF DEATH Registered No. 173
Village or City Oceaway (No	St; Ward) [It death occurred a hospital er Institution give its NAME loste of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Perce Color of RACE Single, MARRIED, WIDOWS, Diegle PROVORCE (Write the word)	(Month) (Day) (Year)
Month) (Day) (Tear)	that I last saw her allve on Meh 2 M 1913
7 AGE	and that death occurred on the date stated above, at 1300 m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Cule Afred Menergeles
business, or establishment in which employed (or employer)	Contributory.
(State or country) 10 NAME OF 0	(Signed) (Signed) (Signed) (Signed)
11 BIRTHPLACE	Meh M., 1813 (Address) Oaceand mid
12 MAIDEN NAME OF MOTHER MASON	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) John Moses	If not at place of death? Former or usual residence.
h. A M	De Faces Rese Octoway he Meh 31, 1913
See PEGISTRAR	Who Paires & Co Frigatta Whe
	County

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Forcman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. heen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At homc. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—In all expect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonacum, etc.. Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerpeeal peritonitis," etc. childbirth or miscarriage. as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritin nant neoplasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for malisoma. Sarcoma. etc., of ture of the American Medical Association.) dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of may he stated under the head (name origin; "Çan; State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.



N.B.

County Gamett 3663	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
Village of CHy Bittinger (No	St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale white Single, Married Write the word) Bate of BIRTH Sept. 23, 1831	16 DATE OF DEATH March, 12, 1913. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191.
7 AGE (Month) (Day) (Year) 7 AGE 11 LESS than 1 day,hrs. ORmio.?	and that death occurred on the date stated above, at
particular kind of work (b) General nature of industry, business, or establishment in which employed (or omployer) BIRTHPLACE (State or country) Panna Sus Livania,	(Doration) yrs 2/2 mos ds Contributory (Secondary)
10 NAME OF FATHER CONCAS Beachy 11 BIRTHPLACE (State or country) 2 MAIDEN NAME OF MOTHER 4 OF MOTHER 4 A CONCAS BEACHY 12 MAIDEN NAME OF MOTHER 4 A CONCAS BEACHY 12 MAIDEN NAME OF MOTHER	(Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Address) (Asalawill) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	At place of death
Filed March 13, 1913. If more blanks are needed, address State Registrar	Susan Englishert accident, mo

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second it should be used only when needed. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekecpers mine; etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question heen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," (6)

losis of lungs, pneumonia"); CAUSING DEATH (the primary affection with respect to irospinal meningitis"); Diphtheria term for the same disease. time and causation), using always the same nccepted fever (the only definite synonym is "Epidemic cere-("Pneumonia," Statement of cause of death-Name, first, the DISEASE Typhoid fover (never Lobar pneumonia; Bronchopicumonia meninges, peritonacum, etc.. Carcinunqualified, is indefinite); Tubercu-Examples: Cerebrospinal report "Typhoid (avoid use of

> Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and quality as mia," "Tuerperal peritonitis," etc. childhirth or miscarriage, as "Purrerral septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.; oma. Sarcoma. etc., of _______ (name origin; "Can-cer" is less definite; avoid use of "Tumor" for mails. cause of death approved by Committee on Nomencia "Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) mere symptoms or terminal conditions, such as "Ass Bronchopncumonia (secondary), 10 ds. The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report Examples: For vio-

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MAR 1913
BUREAU, V.S.

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pinous	IPATION IS VE
of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should sta	F DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is verse instructions on back of certificate.
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nform	ATH I
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STATE OF MARYLAND 3664 25. CERTIFICATE OF DEATH Registration Dist. No... fif death occurred in St .: Ward) a hospital or institution, give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) and that death occurred on the date stated above, at 7 AGE It LESS than t day,hrs. OR min. ? BOCCUPATION (a) Trade, protession, or - particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory..... 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE , 191 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death State yrs. _ yrs. mos. ds. Where was disease contracted. It not at place of death? Former or Every item CAUSE OF Important. usual residence DATE OF BURIAL 15 20 UNDER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

slatement. Never return without more precise speci"Manager," "Dealer," etc., without more precise specigainfully employed, as At school or At home. material worked on may form part of the second eated thus: Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as it should be used only when needed. additional line is provided for the latter statement: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits eau be known. The question been changed or given up on account of the disease For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indl-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persous As examples: (6)

pneumonia"); lcsis of lungs, meninges, peritonaeum, etc., brospinal fever (the only definite synonym is "Epidemie cere-("Pneumonia," "Croup";) term for the same disease. Examples: Cerebrospinal time and eausatiou), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of Typhoid fever (never Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubereureport "Typhoid Carcin-

> ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephralis, naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mangoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and eonsequenees (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septiehaccause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Iuanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustiou," ample: Measles (disease causing affection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; State eause for Never report For vio-

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APR 18 1913
BUREAU, V.S.

02

	PLACE OF DEATH 3665	STATE
Co	ounty Larrett 5000	CERTIFIC
	Illage or City Friendsville (No.	St;
	² FULL NAME MNS, Dusau, &	Stule
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIF
3 SE	4 COLOR OF RACE Single, MARRIED, WIOWED, WIOWED, WROWED (Write the word)	16 DATE OF DEATH March
6 D/	Sept 8, 1825. (Month) (Day) (Year)	aferil 17th , 1912, to
TAG		and that death occurred on the d The GAUSE OF DEATH* was as
(b) busi whi	General nature of Industry, ness, or establishment in ch employed (or employer) RTHPLACE tate or country)	Contributory Mitral res (Secondary) old age
TS	10 NAME OF FATHER Johnathon Arriend	(Signed) ST. Vr. C. No. March 20, 1913 (Address)
ARENT	11 BIRTHPLACE OF FATHER (State or country) Swith MO 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING I CAUSES, state (1) MEANS OF IN TAL, SUICIDAL, OF HOMICIDAL
Д.	13 BIRTHPLACE OF MOTHER (State or country) Pullshungh Par	18 LENGTH OF RESIDENCE (FOR OR RECENT RESIDENTS) At place of death yrs mas, ds
	(Informant) a Anna Kale	Where was disease contracted, at (if not at place of death? Former or usual residence. Arrendan
15 FII	ed March 20", 1918 Mm H Friend	Ariendsville 1 20 UNDERTAKER
	REGISTRAR Whome blanks are needed, address State Registrar, 6	E. Franklin St. Rolto Poquesting

OF MARYLAND TE OF DEATH

Regist	ered	No	161

.....Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

	DICAL CERT		P DEATH	
B DATE OF DEAT	+ marc	*****************	19	, 1913
		(Month)	(Day	,
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mareli 20 ,11	13 (Address	Forcer	dsvill	's md
*State the DIS CAUSES, state (1 TAL, SUICIDAL, O	EASE CAUSING) MEANS OF r Homicidal.	DEATH, OF, INJURY; AD	in deaths id (2) whet	rom VIOLENT her Acciden-
18 LENGTH OF RE	SIDENCE (FO	R HOSPITALS	, INSTITUTION	NS, TRANSIENT
At place		In the		
of death yrs Where was disease con	tracted	0		mos, d
if not at place of death		Clase 1	det	W
Former or usual residence #1	receds	ville	and	00000
9 PLACE OF BUF	HAL OR REM	OVAL	DATE OF	BURIAL
Friends	ville /	mol	mar	21 , 1913
20 UNDERTAKER	1 1		ADDRES	s
25	· eson	A98)	Frier	edsvil
Franklin St., Balt	to., Requesting	V. S. No.	1.	111
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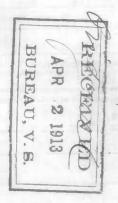
[Approved by L. S. Census and American Public Health Association.]

wbo have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers minc, etc. Housewifc, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the present causing death—Name, first, the present to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for cbildbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inaultion," "Maraswhich surgical operation was undertaken. "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of terminal conditions, such as "As-(secondary or intercurrent) (name origin; "Candeath), 29 ds.; Examples: For vio-

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN Y. S. No. 1.

Village or City Selly port (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [It death occurred in a hospital ar institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Formule Acolor or RACE Saingle, MARRIED, WIDOWED, ORDIVORCED (Write the word) G DATE OF BIRTH Feb. 3 913	16 DATE OF DEATH (Month) (Day) (Year) 17
7 AGE (Month) (Day) (Year) 1 t LESS than 1 day,hrs. 0 c min. ?	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession, or particular kind at work (b) General neture of Indostry, business, or esteblishment in which employed (or employer) 9 BIRTHPLACE (State or country) 9 CARLT G) MC	Broncho- Freumonia (Boration) yrs. mos 2 ds. Contributory Cardiae + respiratory (Secondary) Lebrasion (Boration)
10 NAME OF Flavieres Jurney 11 BIRTHPLACE OF FATHER (State or country) Serrett Cs. Mice 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Presta: Q. Hre (State or country) Presta: Q. Hre (Informent) Presta: Q. Wr Knowledge (Informent) Presta: Q. Wr Knowledge	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place of death yrs mos ds. Where was disease contracted, it not at place of death?
(Address) Sellyspub Md; 15 Filed Manay 7, 1913: Mark Hall Frend Registran Filed Manay 7, 1913: Mark Hall Frend Registran Filed Manay 7, 1913: Mark Hall Frend Registran	19 PLACE OF BURIAL OR REMOVAL Cornewy Cemity Much. 8, 1913 20 UNDERTAKER Colahaus Somerfield 1, 6 E. Frankin St., Balte., Requesting V. S. No. 1.

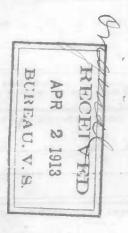
[Approved by U. S. Census and American Fublic Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, . Grocery; (a) Foreman, (b) Automobile factory. The "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. heen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. As examples: the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, Irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Farmer or Planter, For persons (%)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the respect to the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis, of lungs, meninges, peritonaeum, etc.. Carcinosis, of lungs, meninges, peritonaeum, etc.. Carcinosis, of lungs, meninges, peritonaeum,

"Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL pertionitis," etc. State cause for childhirth or miscarriage, as "Purrerral septichacetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras. genltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Dehility" ("Contbcnia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... injury, as fracture of skuil, and consequences (e. g., mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (name origin; "Can-Never report For vio-

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V. S. No. 1.

1 PLACE OF DEATH 3667	STATE OF MARYLAND
County Garrett	CERTIFICATE OF DEATH Registered No. /6/
Village or City Maladamile (No. 2 FULL NAME Garl a Unull	St; Ward) [It death occurred a hospital or instituting give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, MARRIED, Single Orbivorce (Write the word)	18 DATE OF DEATH March (Mooth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH March (Month) (Day) (Year)	that I last saw h alive on march 191
7 AGE It LESS that	
(b) General nature of Industry, business, or establishment in which employed (or employer) PRINTHPLACE (State or country) Friendsville 9 arrettle	Gontributory (Secondary)
10 NAME OF FATHER Lloyd a Unible 11 BIRTHPLACE (State or country) Garrett Co Ind 12 MAIDEN NAME OF THE PROPERTY OF THE PROPE	(Signed)
of Mother arah M Biddle 13 BIRTHPLACE OF MOTHER (State or country) Mo.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the ot death
(Intermant) Lloyd a Mable	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Frendsville Md Filed March 3 1913	19 PLACE OF BURIAL OR REMOVAL Then dsville mod Mar 2, 1813 20 UNDERTAKER ADDRESS APPRINGSVILLE ADDRESS

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The uaterial worked on may form part of the second cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations statement. been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers ncation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho receive a definite salary), may be entered as mine, etc. (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. Civil engineer, Stationary Arcman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In a frection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

Cognical

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. cause. Aiways qualify all diseases resulting from Accidental drowning; Struck by railway train—aect-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mailsmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head of (name origin; "Can-State cause for Examples:

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APR 2 1918
BUREAU, V.S.

PHYSICIANS shou RECORD PERMANENT classified. properi AGE INK supplied. pe ADING may certificate. 40 that 10 terms, hould no plain instructions 'n DEATH of Item FO mportant. Every It

3668 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ilf death occurred in .Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWED, (Month) (Day) ORDIVORCEO Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at..... 1 day,hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ⁹ BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) in the ot death yrs. mos. ds. State yrs mos. ds Where was disease contracted. If not at place of death?.... Former or 15

more blanks are needed, address State Registrar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health
Association.]

tion is very important, so that the relative healthfuicated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

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cause of death approved by Committee on Nomenciasuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asnant neoplasms); Mcasles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can Examples:

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MAR 31 1913
BUREAU, v.s.